## PATENT APPLICATION FEE DETERMINATION RECORD

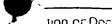
Effective December 8, 2004

Application or Docket Number

10/518152

CLAIMS AS FILED - PART I								SMALL ENTITY			OTHER THAN	
			(Column 1)		(	(Column 2)		TYPE		OR -	SMALL ENTITY	
U.S. NATIONAL STAGE FEES								RATE	FEE		RATE	FEE
BASIC FEE			SMALL ENT.	IT. = \$ 150 LA		ARGE.ENT. = \$ 300		BASIC FEE	150	OR	BASIC FEE	
EXAMINATION FEE			Satisfies PCT A (4) = \$50	` '		ther situations = 100 / \$ 200		EXAM. FEE	100		EXAM. FEE	
SEA	ARCH FEE		U.S. is ISA = \$ ALL other cou \$ 200 / \$	ountries =   All		ther situations = 5 250 / \$ 500		SEARCH FEE	250		SEARCH FEE	
FEE	FOR EXTRA	SPEC. PGS.	minu	nus 100 =		/ 50 =		X \$ 125 =			X \$ 250 =	
тот	AL CHARGEAI	BLE CLAIMS	44 mir	nus 20 =	* c	24		X \$ 25 =	600	OR	X \$ 50 =	
INDI	EPENDENT CL	AIMS	4 m	inus 3 =	*	/	֓֞֞֞֓֓֓֓֓֓֓֓֓֓֓֓֓֓֡֡֓֓֓֓֡֡֓֓֡֡֡֡֡֡֓֓֡֓֡֡֡֡֡֡	X \$ 100 =	100	OR	X \$ 200 =	
MUL	TIPLE DEPEN	DENT CLAIM PRI	ESENT					+ \$ 180 =	· · · · · ·	OR	+ \$ 360 =	
* If the difference in column 1 is less than zero, enter "0" in column 2							TOTAL	BU	OR	TOTAL		
CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)								SMALL ENTITY		OR	OTHER THAN SMALL ENTITY	
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUMI PREVIO PAID	BER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=		X \$ 25 =		OR	X \$ 50 =	
	Independent	*	Minus	***		=		X \$ 100 =		OR	X \$ 200 =	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+ \$ 180 =		OR	+ \$ 360 =	
				•				TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	
		(Column 1)		(Colum	n 2\	(Column 3)						I
4T B		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUMB PREVIO PAID F	ST ER USLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
DME	Total	* .	Minus	**		=		X \$ 25 =		OR	X \$ 50 =	
AMENDMENT	Independent	*	Minus	***		=		X \$ 100 =		OR	X \$ 200 =	
	FIRST PRES	ENTATION OF M	ULTIPLE DEPE	NDENT C	LAIM			+ \$ 180 =		OR	+ \$ 360 =	
			·				_	TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than '20', enter "20".  *** If the "Highest Number Previously Paid For" IN THIS SPACE is less than '3', enter "3".  The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.												





tion or Docket Number

10/518152

## PATENT APPLICATION FEE DETERMINATION RECORD Effective October 1, 2003

Effective October 1, 2003											
		CLAIMS AS	FILED - (Column		(Colu	mn 21	SMALI TYPE	ENTITY	OF.	OTHER SMALL	
TOTAL CLAIMS							RAT	E FEE		RATE	FEE
FC	R .		NUMBER	FILED	NUMB	ER EXTRA	BASIC	FEE	OR	BASIC FEE	-
то	TAL CHARGEA	BLE CLAIMS	## minus 20= - 2			4	XS 9	=	OR	XS18=	
INC	EPENDENT CL	AIMS	# minus 3 = "				X43	=	OR	X86=	·
MU	LTIPLE DEPEN	DENT CLAIM PI	RESENT				-145	=	OR	-290=	
• If the difference in column 1 is less than zero, enter "0" in column 2						olumn 2	TOTA	L.	OR	TOTAL	
	С	LAIMS AS A	MENDED - PART II (Column 2) (Column 3)				SMA	L ENTITY	OR	OTHER THAN OR SMALL ENTITY	
NTA		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR		PRESENT EXTRA	RATI	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
AMENDMENT	Total	*	Minus	**		=	XS 9	=	OR	X\$18=	
MEN	Independent	•	Minus	***		=	X43:	<b>.</b>	OR	X86=	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						+145	=	OR	+290=	
								AL EE	OR	TOTAL ADDIT. FEE	
er vieter	Service and a contract of the	(Column 1)	**************************************	(Colum	ın 2)	(Column 3)	The second	ec. is a weight life hamile		Care Market (1994 beck) (1994 of 1997) Ca	ere a Terraur <b>u</b> ae
ENT B		CLAIMS REMAINING AFTER AMENDMENT	·	HIGHEST NUMBER PREVIOUSLY PAID FOR		PRESENT EXTRA	RATI	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
AMENDMENT	Total	•	Minus	**		= .	XS 9	=	OR	X\$18=	
ME	Independent	-	Minus	***	<u> </u>	=	X43:	-	OR	X86=	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						+145	=	OR	+290=	
								TAL EE	OR	TOTAL ADDIT. FEE	
		(Column 1)	-	(Colum		(Column 3)			-,		Y
AMENDMENT C	-	CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUME PREVIO PAID F	BER JUSLY	PRESENT EXTRA	RATI	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	•	Minus	**		=	X\$ 9	=	OR	X\$18=	
AME	Independent	*	Minus	***		=	X43:	=	ÖR	X86=	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						+145		OR	+290=	
• (	f the entry in colu	mn 1 is less than th	ne entry <b>in co</b> lu	. 101	·	Ⅎ	TOTAL				
** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  *** The "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  *** The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.										<u> </u>	

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